

**METROPOLITAN GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY
DEPARTMENT OF CODES ADMINISTRATION**

**METROPOLITAN APPLICATION FOR REGISTRATION
STATE ALARM CONTRACTOR**

Name of Qualifying Agent (Print/Type) _____ Certificate Number _____ Date _____
Home Address _____ (_____) _____
Area Code Home Phone Number _____
City _____ State _____ Zip Code _____
Signature of Qualifying Agent _____

In accordance with the requirements of the Metropolitan Code, Chapter 14, Section 14.1.72, I/We hereby make application as a Registered State Alarm Contractor.

Firm Name _____

Firm's Address _____ Phone No. () _____

City _____ State _____ Zip Code _____

Will you be employed other than as the License Holder for the above listed firm? _____ (Yes or No)
If so, by whom? _____ Number of hours per week? _____

I hereby certify that the above information is true to the best of my knowledge, and the above Metropolitan State Alarm License Holder is employed full time, and I further attest to the validity of the above signature.

Sole Proprietor, Partner, or Corporate Officer must sign here

DOCUMENTATION REQUIRED: Please provide a copy of the State of Tennessee Qualifying Agents license with photograph along with a copy of the Company License showing all classifications with the State of Tennessee Alarm Contractors Board. Incomplete Applications will not be accepted.

STATE OF _____
COUNTY OF _____

Personally appeared before me, _____, a Notary Public in and for said State and County, the within named, _____ has the authority and thereby executed the within instrument for the purpose therein contained.

Sworn to and subscribed before me this _____ day of _____, 20____
NOTARY PUBLIC _____ My Commission Expires _____

APPROVED _____
Director, Department of Codes Administration Date

Please mail this Registration Application to:

The Department of Codes and Building Safety
Licensing Division – Administrative Office
800 2nd Avenue, South, 3rd Floor
P.O. Box 196350
Nashville, Tennessee 37219-6350
(615) 862-6598